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## ORIGINAL COMMUNICATIONS.

### ARTICLE I.—*Albumanuria*. By F. B. NORCUM, M.D.

Wards 9 and 10.—John Welsh; aged 45 years; porter by occupation; native of Ireland; in this country 13 years, and admitted to Hospital Oct. 17th, 1854:—

Born of healthy parents, who still survive, and knows of no hereditary tendencies to disease existing in his family, or collateral branches. During his youth followed the sea for 9 years, and tho' exposed to many hardships, always enjoyed vigorous health. Has never suffered from any form of venereal disease, a circumstance which he ascribes more to his good fortune than to continence, having been addicted to excessive sexual indulgence, and often suffered great debility therefrom. Never drank to any excess until about six years ago, when he became exceedingly intemperate in his habits, consuming daily large quantities of various stimulating fluids.

Three years back, after a sudden and violent physical effort, was seized with great pain in his back, and soon after with frequent desire to pass his water. The secretion was high colored, scanty, and scalding; passed with extreme difficulty, and causing intense pain. Occasionally it would become more copious, of a lighter hue, and less acrid. Began now to experience attacks of headache, vertigo, and had considerable dyspnoea

from any unusual exertion. About one year after the *apparent* commencement of this disease, his hands and feet began to swell, and he frequently noticed a puffiness of the lower lids, notwithstanding he continued to work, and follow the usual routine of irregular life, until a year ago last April, when he gave himself up to medical treatment. May, 1854, he had several attacks of hæmatemesis, vomiting, as he says, large clots of blood. In June, having considerably improved, he resumed his business, but after a trial of four or five days was obliged to discontinue, his legs and genital organs swelling enormously. He now remained at home until October, having in the meanwhile two severe epileptic attacks, and during his residence in hospital has had one such, remaining more or less insensible for 24 hours. Upon his admission, an examination of his urine revealed the nature of the disease; highly albuminous, of low specific gravity, and containing a sediment made up of fatty tube casts, degenerated renal epithelium, and occasionally blood corpuscles.

To relieve this dropsy, our treatment was addressed to the skin, kidneys, and alimentary canal, and with so much success that he became comparatively free from external appearance of disease, and quite sanguine of a radical cure. In April the swelling began again to increase, and abundant effusion took place in the abdominal cavity, causing distressing orthopnœa. During May it became so great that he could neither move or be moved except with the greatest caution, and his penis and scrotum invaded to such a degree that a fissure occurred in the dependant portion of latter, thro' which dribbed daily some two or three quarts of pale straw colored serum, having a strong *urinous* odor. Punctures were made in his lower extremities, and the drain so rapid that the swelling soon subsided, enabling him to locomote with comparative ease, while active purgation so far reduced the abdominal effusion as to free the breathing apparatus, and thus restore him to something of his usual comfort. He continued to enjoy this exemption from pain and extreme anasarca until early in August, when his condition began again to grow worse; his extremities to swell; pain in the lumbar region become troublesome; dyspnœa once more

alarmingly intense; the stomach irritable, and the appetite poor and capricious. The urine normal in quantity, pale, of low sp. gr. loaded with albumen, and containing the microscopical elements above described. The patient now resisted the action of our remedies, and, notwithstanding every effort, began to fail; on the 28th, became somnolent; coma gradually supervened, and death occurred on the 30th.

AUTOPSY, TWENTY-THREE HOURS AFTER DEATH.

*External Appearance.*—Body warm, pale, and anasarcaous. Abdomen immensely distended.

*Thorax.*—Lungs compressed, and cavity diminished by upward pressure upon diaphragm. Right lung strongly adherent posteriorly and to diaphragm; tissue more dense than natural. Left lung slightly crepitant, approaching carnification, not adherent.

Heart and membranes healthy.

*Abdomen.*—Intestines blanched; stomach strongly adherent to transverse colon, and cavity of abdomen filled with four gallons of pale limpid serum. Mucous membrane of alimentary canal thickened and cedematous. Liver weighs 3½ lbs. and presents a fine specimen of external cirrhosis; its peritoneal investment thickened and substance fatty. Kidneys small, weight 8oz. their external appearance smooth, pale, and mottled; capsule thickened, and so firmly adherent as to render it impossible to be stripped off without removing a portion of the substance of the organ. On section, the appearance was striking; cortical substance slightly diminished, but whitish, and contrasting strongly with the nearly healthy, well-defined, and reddish aspect of pyramids.

On microscopical examination, the tubes of cortical portion were generally coarsely granular, those of medullary also granular and fatty, and in some the walls were much thickened. The epithelium also granular, hypertrophied, fatty, and numerous tube casts were visible precisely similar to those observed in the urine during life.

The malpighion tufts were indistinct, as if blurred by adventitious plastic exudation; some inclosed in a thickened capsule.

A section of the matrix did not present any marked thickening.

The remaining viscera, not here noticed, were to all appearances normal, and presented no marked lesions.

This patient presents to us a well-marked example of "Bright's disease," known as the "granular degeneration" of Christison; the "albuminous nephritis" of Rayer & Lebert; or the "chronic, desquamative nephritis" of Johnson. Dr. Bright holds the opinion, that, primarily, it is a *functional* disorder; yet, a limited time after its inception, it has proceeded so far as to bid defiance to any form of treatment:\* while M. Rayer, in his treatise, speaks of it as a *variety* or *modification* of inflammation. Many English physicians, and among them Dr. Christison, appear to recognize a state of acute congestion as utterly distinct from acute nephritis; the latter, as he says, being exceedingly rare in Scotland.

Dr. Robinson, however, takes a different view of this disease, and one towards which many pathologists are fast verging. He recognizes the similarity of symptoms between acute nephritis and the incipient stage of albuminous kidney, and, in his fourth chapter, asserts the identity of the causes between the two. Again, M. Lebert, from his researches, confirms the opinion of those who regard it as inflammatory;† and Dr. Johnson admits that acute nephritis passes *occasionally*, by almost imperceptible gradations, into the chronic, and from their immediate connection will be found mutually to illustrate each other.‡ Now, viewing the opinions of these authors, we perceive that many recognize the *essence* of this disease as acute inflammatory from the start, while others understand it as passive in its character, and to develop itself so slowly and insidiously, as to be unrecognizable until the attention is directed to it by the supervention of a congestive paroxysm, or some intercurrent complication. Our experience has been so limited, that it might seem supererogatory in us to hazard an opinion, yet, from a careful study of some half dozen cases under our immediate supervision, we can assert, that, in no instance did the disease commence as acute.

\* Memoirs, 1827, 1831, 1836.

† Medico-Chirurgical Review, Jan. 1846.

‡ Op. Cit. page 168.



The patient whose case we have now under consideration, was seized suddenly, after some unusual exertion; yet the pain in the lumbar region, and the condition of the renal secretion, merely pointed to a congestive state of the kidneys, according to Christison utterly distinct from inflammation. Besides, the symptoms indicative of constitutional disturbance, and more or less present in all inflammatory attacks, were here wanting; the phenomena were purely local; and it was only after some months duration that any sympathetic irritation was manifested.

It was three years after this seizure, that the patient entered the hospital; and the examination of the urine revealed a disease well established and of long standing. If we look to the starting point of degeneration as a diseased condition of the blood, [Johnson,] induced probably in this case by the abuse of alcoholic liquors, who can tell at what time the disease commenced? or that it may not long have existed before the attention of the patient was directed to his condition? We do not mean to deny that Bright's kidney may not arise from an acute inflammatory disorder, but we desire to be ranked among those eclectic inquirers — not exclusionists — who regard this disease as passive, and view it as congestive, contra-distinguished from inflammatory.

"A deposit of oil in the denuded tubes is not an uncommon occurrence, but is generally viewed in only a few of them." "It also is seen at times within the cells, but more frequently in clustered masses." "The disintegrating process going on within the tubules, will explain the appearance of the granular amorphous masses in the urine." Presence of blood corpuscles (seldom met with in this advanced stage of the disease, an explanation offered by the thickened walls of the malpighion capillaries) was only occasional, and contemporaneous with the paroxysm of congestion; the result of rupture, and not of simple exosmosis. The smooth, mottled, external surface of the kidneys; here pale, from decrease of vascularity—there dark, from engorgement; marks an advanced stage of the disease, as also the thickened and adherent capsule.

A section exhibits the cortical substance slightly diminished, its true texture taken up by the plastic deposit, and giving the white waxy-like appearance.

"The blurred condition of the malpighion tufts is evidently due to the presence of an organized material, either fibrous or cellular, within the capsule; presenting a thickened appearance, a very rare occurrence, inasmuch as being generally due to an increased thickness of the capillary walls, leading to a close packing and crowding of the vessels, as almost to obscure their outline."

The heart and its membranes were healthy, and exhibited none of those lesions which Bright asserts are found in 65 cases out of 100. M. Rayer says, that not more than one-fifth of his cases suffered from this complication, and thinks that the influence of renal disease on cardiac to be much exaggerated. He is of the opinion that the latter is oftener the primary disease; while others, though acknowledging that the two may exist coincidentally, still recognize them as oftener connected by cause and effect. Adhesions of the lungs were formed, and a state of compression from mechanical pressure. These organs seldom escape derangement, but such complications are insidious in their progress, their symptoms being masked by constitutional cachexia.

The liver of small weight, its substance fatty, and presenting a beautiful specimen of cirrhosis, by far the most common condition. Being exposed to the influence of those causes which induce renal disease, it is probable that, in the large number of cases, the two are the result of a common cause, and that this abnormal condition of one tends to produce an analogous condition of the other, especially when viewed under the physiological law of vicarious discharge of function.

If we turn back to the history of this patient, we will find that he suffered from several epileptic seizures, and one whilst an inmate of the hospital. These complications are of the most serious character, and, connected with the cerebro-spinal functions, assume the form of coma or convulsions. In chronic cases, these manifestations approach gradually, but occur so frequently that the disease, according to some authorities, may be said to have a natural tendency to terminate in this manner, and are associated commonly with a scanty secretion of urine, often large quantities of urea being detected in the blood. The

once-held theory, that the presence of this agent acted as the immediate cause of these nervous phenomena, through some poisoning property, is now generally repudiated by many pathologists. "Dr. Frerichs gives an entirely new explanation, and states that the symptoms are not immediately due to the presence of urea, but to the carbonate of ammonia, which results from its decomposition within the blood-vessels." This opinion he supports by experiment, and furthermore adds, that if, in a patient laboring under uraemic poisoning, we examine the expired air, it will contain carbonate of ammonia, the amount in proportion to the intensity of the symptoms.\*

We have been unable to confirm this opinion by our own experiments. The injection of a solution of carb. ammon. in the circulating current, appears more conclusive; yet, when we come to consider the many who labor under a large accumulation of urea in the blood, unassociated with any morbid manifestation, and observe that in many of these cases there seems to be no chemical change, we must conclude that a link is wanting in the chain of reasoning by which he endeavors to support his views. He assumes the existence (though totally ignorant of the nature) of some peculiar fermenting agent, which accounts for decomposition in the one case, and its absence to explain the want of change in another; and, until this is cleared up, his observations will require repetition before they can be admitted among the established doctrines of pathology.†

\* Die Bright'sche Nierenkrankheit, pp. 107—112.

† Johnson, Op. Cit. p. 204.

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ARTICLE II.—*A Case of Complicated Labor.* By HIRAM NANCE, M.D. Lafayette, Ill.

I was called, on the morning of the 5th of September, to visit an Irish lady, residing four miles distant. The messenger who came for me seemed to be in a great hurry, and urged me to go with all speed. I obeyed the summons promptly, and, when within about one mile of the house, I met the husband who was coming after me to urge me on. He remarked, "Hurry on, Doctor, my wife has been delivered of one child,

and is going to have another." When I arrived at the house, I found an Irishwoman officiating as midwife. I inquired how the lady was: she said, "Very bad, Doctor; very bad. I immediately pulled off my coat, and, in making an examination, found a placenta delivered with the other end of the cord attached to another child in utero. I placed a ligature around the cord, and removed the placenta. Then I examined and made diligent search for the cord that belonged to the child that was born previous to my arrival; but the search was in vain, I could find nothing of it. I interrogated the Irish midwife in regard to it. She admitted the cord to be of the ordinary length, and that she separated the child from it: but the cord could not be found. What had become of it? My only answer to this question, is, that ignorant midwives, and, shall I say, sometimes inexperienced physicians? are too eager to deliver the placenta after the birth of the child, and, now, that something presents itself that will bear *some pulling*, they pull and pull until the cord is broken off; laying the patient liable to profuse flooding and to inversion of the uterus. Though she escape both of these, the cord being broken off is a serious perplexity, and we thereby loose the guide to the placenta.

Not finding the cord of the first child, and the placenta of the second one being delivered, I examined to ascertain the presentation of the child yet to be delivered. The mouth of the womb seemed to be fully open, and, on examination, I found the head resting above the symphosis pubis; the child was entirely doubled upon itself. By the side of the head, forced down on the perineum, was the left hand and foot. Here was a peculiarly complicated presentation—head, hand, and foot all at one time, and the uterus contracting most powerfully. The contraction was not regular, as was proved by an examination of the parieties of the abdomen. The child seemed to be forced down in the lower part of the uterus, and entirely doubled upon itself, with the placenta of the first child and one foot (the right) retained in an hour-glass-like contraction at the fundus. For a more minute description of this contraction of the womb, see *Ramsbotham's Process of Parturition*, Plate XLIX. Fig. 136. I waited for a short time, examining to see what effect the pains

would have upon the child in this situation. I was very soon convinced that no pains could ever effect anything favorable while the child remained in this situation. It was impossible to push up the hand and foot, and make room for the occiput; the only alternative left, was, to bring down the feet, and thereby turn the child. After giving her a large dose of opium, she became quite easy, seemed to have no pain, slept a little, and said she was "comfortable." I again introduced my hand, but found the uterus still contracting firmly. After waiting some longer, I again made an examination, and found the parts *very little* relaxed. I made diligent search for the other foot, but to no purpose, it was impossible to find it, it was certainly at the fundus of the uterus firmly enclosed in an hour-glass-like contraction. The best authorities say, "if you cannot bring down both feet in turning, bring down one." As it was impossible to get them both, I brought down the one without any trouble, as it already rested at the os externum. On making traction by this foot, the child did not seem to be loosened the least from its situation; I then made slight traction by the foot with my left hand, and introduced my right hand and raised the head from its situation, and thereby effected the turning of the child, brought it down to its head, then brought down the chin and delivered it.

Immediately the child was delivered, I again examined, and found the uterus firmly contracting, but could not find the placenta of the first child, which was still retained at the fundus, firmly held by the irregular contraction before spoken of. I waited for an hour and a half or two hours, hoping that the firm contractions of the womb would expel it, but all to no purpose. I again examined, and could feel a part of the placenta presenting at the os uteri, which was high up in the pelvis; I managed to get hold on it, and used all the traction I dared to in an attempt to remove it. By steady traction with one hand, with the other applied externally on the uterine tumor, I attempted its removal, but this means failed. I then gave her another full opiate, and introduced my hand into the womb as far as I possibly could, and was then thoroughly convinced that firm adhesion had taken place, and that my best

efforts for its removal would probably prove abortive. There was but little hemorrhage, as nothing seemed to relax the firm contraction. I attempted its removal by peeling it off, and did remove parts of it; but the pain necessarily following such an operation, was so great that it seemed beyond endurance. The adhesion was so firm, that it was impossible for me to distinguish between the parieties of the uterus and the placenta. After removing, as I remarked, only a small part, and finding that my patient could not endure it any longer, I desisted: gave her another opiate, and waited about seven or eight hours, and again attempted its removal, but with no better success.

I was now convinced that its removal was incompatible with life, and that the more attempts I made for its extraction, the worse it would be for my patient; and determined to trust to the powers of nature—and in those powers I reposed but little confidence.

My prognosis, I need hardly say, was unfavorable; and this opinion I expressed to the husband and friends of my patient. I visited her every day. Milk was secreted, though to a limited extent. On the 6th and 7th, she seemed quite lively; laughed and talked; took sufficient nourishment; pulse rather quick and small; surface rather cool. On the 8th and 9th, the symptoms nearly the same, connected with a profuse, watery, sanious discharge, putrescent, and very offensive to the smell. What is remarkable, she had no after-pains; the pulse became quicker and weaker; she became restless; had frequent sighing, occasional vomiting, and, finally, sank on the evening of the 10th.

There seemed to be no inflammatory symptoms present; no tenderness per vaginum, or over the hypogastric region; neither was there any swelling or unusual fulness of the bowels; she secreted water, and passed it freely; her bowels also moved quietly. She seemed to sink as if under the influence of a powerful sedative. Would a putrid mass, remaining in the uterus, cause death, as if a powerful sedative had been given? In this case it certainly acted so, and produced death, not by inflammatory symptoms but by its sedative influence.

That there was adhesion pretty nearly through the whole extent of the placenta, is evident; examination did not only



prove this, but if there had not been, flooding would certainly have been more copious. It is truly astonishing to me, that hemorrhage was no worse, when the placenta of the second child was born before it.

In regard to the removal of adherent placenta, I will cite you to *Ramsbotham's System of Parturition*, page 312. He says: "Whenever half an hour or an hour has elapsed since the birth, without the appearance of any discharge, while at the same time three or four smart uterine contractions have taken place, we may begin to suspect not only that the placenta is morbidly adherent, but that through its whole extent; because, if any part were separated, some vessels must be rendered patulous."

He says, further, "That sometimes the adhesion is so strong that it is impossible to peel it off from its attachment; that instances are sometimes met with in which portions of the placenta are so closely attached to the uterine surface that they cannot, by any means, be removed."

The Doctor goes on further to state, that he has opened more than one body where the bond of union was so firm between the uterus and the placenta, that it could not be defined.

All can see the difficulty that would be brought to bear in meeting with such a case; and I claim that my case was a case of this kind. If any physician, *under such circumstances*, can accomplish more than I have, and advise a better course, let me hear from him. My paper has already extended to greater limits than I intended; yet my essay is quite imperfect.

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ARTICLE III.—*Report on the Meteorological Characteristics, and More Important Diseases Prevalent in Chicago, during the Summer of 1856; presented to the Cook County Medical Society, Oct. 7th, 1856.* By N. S. DAVIS, M.D.

It is now four years since I commenced a careful series of observations with a view of determining what connection, if any, there was between the atmospheric or meteorological conditions of each season, and the prevalence of different forms of disease. The results of these observations have been read to this Society from time to time, and may be found recorded in the *North-Western Medical Journal*, Volumes II. III. and IV. The

pressure of other duties, during the past summer, has prevented me from keeping records so much in detail as in some previous seasons. Still, they are sufficient for my present purpose.

The chief meteorological characteristics of the past six months, ending October 1st, may be stated in general terms as follows, viz.:—

*First*—The mean temperature of the whole season has been below the average of a series of years, so much so, as to be called emphatically a “Cold Summer.”

*Second*—The atmospheric moisture has been fully equal to the ordinary average for this locality, being much above that of 1853, and slightly below that of 1854.

*Third*—The amount of rain and the number of rainy days, have varied but little from the average of a series of years.

Leaving these general statements, which, as I have stated in previous reports, are of little etiological value, we may find, in the detail of facts, such as have an interesting and important bearing on the prevalence and specific character of disease. The season furnished no warm days worthy of note until the 19th of June. From the 19th to the 22d, the temperature was high, the atmosphere above the average of moisture, and the wind nearly all the time from the South and South-West, that is, from the prairie in this locality. The high temperature, coupled with moisture and South winds, gave to the atmosphere those qualities which we denominate *sultry* or oppressive. On the evening of the 22d, there were showers of rain, with changeable winds and a lower temperature. The atmosphere, however, remained damp and oppressive during all the remaining days of June. The month of July, though furnishing a low average temperature, was, nevertheless, characterized by peculiar atmospheric phenomena. Moderate rains occurred almost every week, each one immediately followed by a higher temperature, greater dampness, and generally South or South-West wind. After one or two days of this sultry character, the atmosphere, generally, became cooler and dryer until the next showers or rainy days. The month of August was unusually cold and dry. Showers occurred but three or four times during the month; but, as in July, each was uniformly followed by

a day of higher temperature, greater moisture, and, consequently, a more oppressive or relaxing atmosphere. After these, one or two days it became cooler, and continued so until the next fall of rain. There were several days in August cool enough to make an overcoat comfortable. The first week in September was recorded as "warm, wet, and oppressive." The remainder of the month was unusually cold, but still each rainy day was followed by one or two during which the atmosphere was warmer and excessively damp.

In glancing back over the past four years, I find each presenting atmospheric peculiarities which strikingly distinguish it from all the others. Thus, the summer of 1853 was distinguished by two periods of excessive heat; one in June, and the other in August; but both accompanied by a *dry* and bracing atmosphere, particularly throughout the North-Western States. The temperature of July was a little below the average, but the atmosphere remained remarkably dry and pleasant, in this section of the country, throughout the whole summer. It was also a season of unparalleled good health. The ratio of deaths in this city, during that year, was only one in fifty of the population.

The next summer (1854) was characterized by excessive and protracted heat, coupled with unusual dampness of the atmosphere, amounting often almost to saturation; yet rains were infrequent, and in many parts of this and the neighboring States the ground became so dry, during the latter part of summer and autumn, as to destroy vegetation. It was a season of unusual sickness throughout the country. This city was scourged by a severe epidemic of cholera, which commenced as early as the last of April, and swelled the aggregate mortality of that year to one in nineteen of the population.

The summer of 1855, was, in many respects, the reverse of that of 1854. The mean temperature was below the average for a series of years. There was at no time during the season more than four consecutive days of high temperature. The order of atmospheric phenomena was, generally, a gradually-increasing temperature for three or four successive days, then showers, with a sudden and extreme change to cold, causing the

mercury in the thermometer sometimes to fall  $20^{\circ}$  in a few hours. The low temperature generally continued from one to two days. The atmospheric moisture was, most of the time, above the average. The season, as a whole, was cold and damp, the rains being frequent and almost invariably accompanied or immediately followed by a change to a much lower atmospheric temperature. The summer of the present year (1856) has been much like that of 1855, with this important exception, namely, the rains have been almost uniformly accompanied or immediately followed by one or two days of increased, instead of diminished, atmospheric temperature. The winters of 1854-'5, and 1855-'6, were both unusually cold, and accompanied by more snow than during many years previous. The snow of the latter winter, particularly, was not only unusual in quantity, but it remained on the ground, accompanied by cold weather, until a very late period of the spring. The summer and autumn of 1855 was distinguished by a greater prevalence of periodical fevers, throughout this and the adjoining States, than had occurred during many years previous. In this city there were many cases of dysentery between the middle of July and the middle of September. But, as a whole, the year was one of good health in the city, the ratio of deaths being a fraction less than one in forty of the population.

During the present season, the health of the city has continued unusually good, until the warm, sultry days I have described between the 18th and 22d of June. At that time, I noticed a sudden and marked increase in the number of attacks of diarrhoea and cholera morbus. This increase was more marked among children under two years of age than any other class. I noticed, at the same time, in many of the cases, decided symptoms of cerebral disease complicating the intestinal disorder. In the Catholic Orphan Asylum, eight children were attacked during the 20th and 21st of June with active vomiting and purging. Two of them were accompanied by heat in the head, contraction of the pupils, and severe convulsions. Both died within 48 hours, but the other cases recovered. From the 25th of June to the 15th of July, diarrhoea and cholera morbus continued to prevail, chiefly among young child-

ren; and I noticed several cases complicated with lobular pneumonia, thereby adding much to the danger of the patient. During the last half of July, the attacks of diarrhoea and dysentery, among children under two years of age, were so much increased as to almost merit the title of an epidemic. The adult portion of the population, however, remained as much exempt from sickness as in the most healthy seasons. During the month of August new attacks were less frequent among children, but many of those who sickened in July, especially among the more ignorant classes, being neglected or badly treated, the disease assumed a more chronic form and terminated fatally during the month of August, thereby increasing the ratio of mortality for that month much beyond the ratio of new attacks. During the month of September, the cases of active diarrhoea and cholera morbus, among children, nearly ceased to recur. Dysentery, also, prevailed to a moderate extent, both among children and adults, during all the months of July, August, and September. The period of its most active prevalence, was during the last half of July. From the 19th to the 31st of that month, there occurred within the circle of my own practice 38 cases of dysentery, and 34 of diarrhoea and cholera morbus. In the latter number, is included a case which presented every symptom and feature of spasmodic cholera. The patient was a printer, aged about 35 years. He was attacked with vomiting, purging of serum or rice-water, severe muscular cramps, and all the symptoms belonging to the most active cholera, about the middle of the night of the 27th July.

When I saw him at 10 o'clock A.M. his skin was cool and corrugated; his eyes sunken, and features contracted; his voice husky and feeble; his pulse quick and very small; his discharges frequent, still serous, with almost constant distressing cramps in his extremities. During the months of July and August, I saw three other similar cases. None of them proved fatal; but, had it been a season, when epidemic cholera was prevailing, there would have been no hesitation in classing them under that head. Other practitioners in the city have informed me of five or six cases coming under their observation,

with symptoms equally well marked, and two of which died in collapse. The extent to which acute bowel affections influenced the aggregate mortality during the past summer will be strikingly exhibited by the following statistics:—

	Whole No. of Deaths in each Month.	No. from Bowel Affections
January,.....	111.....	11
February,.....	104.....	11
March,.....	92.....	15
April,.....	108.....	18
May, .....	128.....	20
June,.....	142.....	40
July, .....	425.....	310
August,.....	342.....	234
September, .....	224.....	68

At least four-fifths of the excess of mortality in July and August, over May and June, took place in children under three years of age, and was occasioned by cholera infantum and acute dysentery. This high ratio of mortality among children occurred the present season not in this city alone; but, if I mistake not, the same has occurred, in a greater or less degree, in nearly all the cities of our country. Notwithstanding the great number of deaths among young children from bowel affections, during the months of July and August, I have failed to notice anything peculiar in the symptoms or progress of these affections as they have come under my observation. Except those cases occurring during the last week in June and the first few days of July, which were plainly complicated with cerebral or pulmonary inflammation, the attacks, whether in the form of cholera morbus, diarrhoea, or dysentery, were not unusually severe, and almost always yielded readily to appropriate treatment, if adopted in the early stage of the disease. But my own daily observations have satisfied me, that full two-thirds of the infantile mortality in this city has been occasioned by simple neglect or positive bad management on the part of mothers and nurses. Of 45 children brought to my office, for advice during the month of August, affected with diarrhoea or dysentery, 34 had been laboring under the disease from two to six weeks, and



had become extremely emaciated and anemic, with symptoms of ulceration of the mucous membranes, and, in many, enlargement of the mesenteric glands. When asked why they had not applied for advice sooner, the reply was pretty uniform, "That the child was *teething*, and they did not think it good to stop the discharges too soon." Sometimes they had positively added to the mischief, by giving every three or four days a dose of castor oil, and in some cases, also, repeated doses of vermifuge medicines. In the City Sexton's Report for the month of August, no less than 54 are recorded as having died "from *teething*." It is comparatively rare to find a child affected with disease of any kind between the ages of four and eighteen months, that the mother or nurse does not attribute to the influence of the first dentition. And the idea that such cases, especially when they present the form of diarrhœa or cholera morbus, should not be promptly arrested, occasions an annual sacrifice of more than 100 children in this city alone.

Very few cases, of either diarrhœa or cholera morbus, came under my observation in the early stage of the disease which were not promptly relieved by small doses of calomel combined with opiates, and given at intervals of two, four, or six hours, until from three to six doses had been taken. When the vomiting was frequent and active, a solution of bi-carb. soda, ʒss. with acet. morph. 1gr. in water ʒij. given in doses of from 10 to 20 drops immediately after each turn of vomiting, has aided much to allay the gastric irritation. These means generally arrested the vomiting and purging within twenty-four hours, and then were discontinued. If the opiates check the action of the kidneys as well as the bowels, as is frequently the case, the child may continue unusually sleepy, with nervous startings, for from twelve to twenty-four hours after they have been discontinued. These unpleasant symptoms are generally removed in a few hours by applying warm fomentations over the lower part of the abdomen, and giving internally from 5 to 10 drops of nitrous ether (spts. nit. dulc.) in a spoonful of strong infusion of common tea. In from twelve to twenty-four hours after the discharges have been checked, and the exhibition of remedies for that purpose suspended, the evacuations

from the bowels again recur, but are generally less copious and watery, of a dark green or yellow color, and not so frequent as at first. I now inquire carefully concerning the nature of the discharges, and the general condition of the patient. If I find the matter discharged to be very thin, still copious in quantity, and without the intermixture of mucous, I often prescribe the following, viz.:—

R—Acetas Plumbi,	• • •	℥j.
Acetas Morph.	• • •	1 gr.
Acetic Acid,	• • •	3j.
Water,	• • •	3ij.
Mix.		

Dose from 10 to 20 drops, to a child from six to eighteen months old, repeated every 4 or 6 hours, according to the frequency of the evacuations. If the patient is feverish, indicated by heat of skin and quickness of pulse, I often give, in addition to the solution, a powder night and morning, containing half a grain of calomel and one-third of a grain of pulv. Doveri. In some instances, during the past summer, I have found the fever, following an attack of diarrhœa or cholera morbus, to present a distinctly remittent tendency. In all such instances I have added from one-third of a grain to one grain of tanate of quinine to each dose of the powders just mentioned, and with the happiest results. In other cases, where the first onset of the disease has caused greater prostration, indicated by a continued cool skin, sunken eyes, feeble pulse, scanty urine, and yet too frequent serous discharges, instead of giving the solution of acetas plumbi, as before mentioned, I have directed the following, viz.:—

R—Erigiron Canadensis (flea-bane),	3ss.
Tanate of Quinine,	20grs.
Sulph. Morphine,	1gr.

Mix, and add boiling water 1 pint. Stir it up well, and let it stand until cold, then give from 1 to 2 tea-spoonsful of this infusion every 2, 3, or 4 hours, according to the age of the patient. A score of cases might be detailed in which this seemed to produce more benefit than any other combination of remedies I could devise. In three cases, where I found the

little patients, after a severe attack of cholera morbus, extremely depressed, the mind torpid and drowsy, the face pale and contracted, the almost entire suppression of urine, and still a continuance of frequent watery evacuations of a greenish color, the above infusion was given every two hours, with 10 drops of nitrous ether added to each dose, and with a more rapid and permanent improvement than I have obtained from other remedies under the same circumstances.

In many of the attacks met with during the past summer, after the first active vomiting and purging had ceased, the discharges from the bowels would continue frequent, but small in quantity, more or less mixed with mucus, and sometimes streaked with blood, and the expulsion accompanied by straining or tenesmus. In the great majority of such cases, the following emulsion was found most beneficial, viz. :—

R—Ol. Terebinth,	. . .	3j.
Tinct. Opii,	. . .	3j.
Pulv. G. Arabac,	}	aa 3iij.
White Sugar,		
Rub together, and add		
Mint Water,	. . .	3ij.

Of this, from 10 drops to half a tea-spoonful may be given at a dose, according to the age of the patient, and repeated every 2, 4, or 6 hours, until the discharges become normal in frequency and consistence. In several of the cases met with during the month of July and the early part of August, a distinctly remitting type of fever existed in connection with the enteric irritation. Its symptoms were not always prominently developed, but frequently consisted in simple increased heat of the skin, a more frequent pulse, and more thirst during the afternoon and evening. In such cases, the exhibition of from half a grain to two grains of tannate of quinine, at intervals of three hours during the morning of each day, in addition to the other remedies, generally aided much in producing a rapid and complete recovery.

As has been previously stated, very many of the cases of diarrhoea and cholera morbus that came under my care, had already assumed a chronic form, accompanied by great emacia-

tion, a feeble pulse, and sometimes cold extremities. The alvine evacuations varied much in different cases. In some they were copious, thin as water, and varying in color from dark green to a whitish or pale slate. In some there was mixed with the thin evacuations, white specks or flockuli, and, in other cases, they were small in quantity, frequently repeated, and composed chiefly of mucous or muco-purulent matter, and occasionally streaked with blood. In some, the abdomen was full, tense, and tympanitic, while in others it was flaccid and empty. Of course the remedial agents employed were various. In those cases accompanied by watery evacuations, cool extremities, flaccid abdomen, and either no fever at all or its recurrence only in paroxysms, the infusion of *Erigiron Canadensis* with quinine, and a minute quantity of morphine, was generally found very useful. In addition, I often gave each night and morning a powder, composed of from one-quarter to one-half of a grain of acetate of lead, and the eighth of a grain of opium. If the intestinal discharges were light colored, the addition of half a grain of calomel or mercury with chalk, to the powder given at night, generally soon effected a favorable change. I met with several cases like those last described, in which the capillary circulation was very feeble, giving the skin a livid or purple color, with unusual drowsiness and slow respiration. In such the circulation and respiration were too feeble to permit the proper interchange of carbonic acid gas and oxygen in the lungs, which added much to the dangerous tendency of the original disease.

Knowing that chloride of sodium (common salt) possessed the power to increase the capacity of the blood for absorbing oxygen, and promoted the capillary circulation, I prescribed the following mixture in several cases with marked advantage, viz.:—

R—Chloride Sodium,	3ij.
Tinct. Opii,	5j.
Sulph. Quinine,	10grs.
Mucilage of G. Arabac,	3ij.
Mix.	

Dose, from 20 to 30 drops, every 2, 3, or 4 hours, according to the age of the child and the frequency of the discharges.

In most of the cases accompanied by a tumid or tympanitic abdomen, with frequent discharges, consisting in part of mucus, the emulsion of oil of turpentine and laudanum seldom failed to afford relief.

In three very protracted cases, in which I supposed the diarrhoea to be complicated with more or less enlargement of the mesenteric glands, the following was given and continued for two or three weeks, with the happiest effects, viz. :—

R—Glycerine,	3ij.
Syrup of Iodide of Iron,	3ij.
Sulph. Morphine,	1gr:
Mix,	

And give from 10 to 30 drops, every 4 or 6 hours, in a teaspoonful of sweetened water.

To illustrate further the treatment of this important class of diseases, would extend this report to an undue length. It will be observed that we restrict the use of mercurials mostly to the first stage, and then give but a limited number of small doses.

The pathological views of Dr. James Stewart, in his recent Prize Essay on the subject of Cholera Infantum, are directly calculated to encourage an excessive use of this potent class of remedies. Regarding a high atmospheric temperature with excessive moisture, as the efficient agents in determining the development of the disease, Dr. Stewart supposes them to diminish the interchange of carbon and oxygen in the lungs and thereby cause an excessive action of the liver, as the next great organ for eliminating effete carbonaceous matter. This excessive action leads to undue engorgement of the hepatic structure, and subsequently to engorgement of the whole portal system of vessels. Hence, he makes congestion or engorgement of the liver, the first link in the chain of morbid action which results in cholera infantum. I have no confidence whatever in this theory. There is no doubt, but a high atmospheric temperature and moisture constitute a part of the circumstances necessary for the development of this disease; but it is equally necessary that the preceding winter should have been sufficiently cold and protracted to make a wide contrast between the mean temperature of winter and that of summer. And it is much

more probable that the heat of summer, following a cold and protracted winter, induces intestinal fluxes of all kinds, more by inducing conjointly undue relaxation of all the textures of the body, with excessive susceptibility, and excessive elimination of saline elements of the blood through the skin, than by any mere local action, or want of action in the liver. It is true, that we meet with cases of infantile diarrhœa, with so much inactivity of the liver that the evacuations show no evidence of the presence of bile; and we meet with many other cases in which the flow of bile seems greatly increased: but neither the constant symptoms during life, nor the post mortem appearances, afford any evidence that the liver is either primarily or prominently affected in this disease.

It will be seen that quinine has constituted an ingredient in many of my prescriptions for the diarrhœa of children during the past summer.

Two or three years since, Dr. DeLaskie Miller called the attention of this Society to the beneficial effects of this agent in the treatment of the summer complaints of children. And very recently Dr. Wright, Professor of Physiology and Pathology in the Memphis Medical College, has published an article in the *Memphis Medical Recorder*, not only advocating strongly the beneficial effects of quinine in the cholera infantum and diarrhœa of children, but claiming that these affections are only disguised remittents, or, in other words, the results of the action of malaria on the systems of young children.

My own observations do not permit me to endorse the extreme views of Dr. Wright, although I have several times seen well-marked remittent fever in connection with cholera morbus and diarrhœa in children, and have seen the cases promptly cured by quinine and opium. But, independent of all true periodicity, there is, in a large proportion of the cases of infantile diarrhœa, that peculiar relaxation or loss of tone in all the structures of the body, coupled with increased susceptibility or mobility, which makes the sedative and tonic qualities of quinine particularly applicable in their treatment: and hence it is that I have so often coupled it with other ingredients designed especially to counteract the local intestinal irritation and discharges.



The remainder of the report, relating to the prevalence of fevers and dysentery, must be deferred until the next number of the *Journal*.

## SELECTIONS.

*New York Medico-Chirurgical Society.* Reported for the *American Medical Monthly*, by J. O. BRONSON, M.D., Secretary.

*July 8th.*—The following case of Tetanus, was related by Dr. Benjamin Lee:—

Solomon Jackson, aged 39, entered hospital June 3d, 1856, with tetanus, the result of a large sloughing ulcer on the inside of right leg. The spasms involved the entire system, and were purely opisthotonic. Felt less in left leg than elsewhere. Could separate the teeth about an eighth of an inch. Was unable to protrude the tongue, which was badly bitten, and to chew his food. Was very weak; pulse 130, weak and irritable. Tone of system, poor. Has had no evacuation for four days; sleepless; spasms occurred about every three minutes.

He gave the following history:—In January last, a small tumor made its appearance at about the centre of the present site of the ulcer, which gradually increased till it burst. The ulcer, thus made, spread with considerable rapidity. It was treated with poultices and salves, until about six weeks since, when he consulted a botanical doctor, who pronounced the sore to have been caused by the bite of a tree toad! and proceeded to cut away portions of it—whether merely to remove sloughs, or with a view to “cutting out the poison,” I am not able to say. He also gave him an “Improved Healing Salve,” and an “Improved Healing and Drawing Salve.”

No benefit was derived from these applications; and, on the evening of Saturday, May 24th, the patient began to feel cramps, starting from the leg and running up to the jaw. These gradually increased to their greatest intensity. The patient's countenance wore an expression of extreme anxiety. The following was prescribed, and a table-spoonful given every second hour:—

R—Spt. Vin. Gal.	f3ij.
Cinchonæ pulv.	3j.
Aq. puræ,	f3iv.

M.

Also,

R—Calomelas, . . . gr.x.  
 Gambog. pulv. . . gr.ijj.  
 Ft. pil. no. 1,

Given at once.

And,

R—Gum. Opii, } aa ðj  
 Ext. Conii, }  
 Ft. pil. no. 10;

of which one was given every two hours.

A large bread poultice, with tr. opii, ʒj. and aq. ʒj. was applied to the ulcer. This was at 3 P.M. At 7—the leg feeling very painful, and as if the poultice scalded it—substituted warm water dressings. 12 P.M. condition about the same; leg comfortable. Sleepless. Substituted for the opium and conium, the following:—

R—Ext. Cannab. ind. . . ʒss  
 Div. in pil. no. 10,

and gave one every two hours.

*June 4th, A.M.*—Pulse 98; has had some refreshing sleep since taking the cannab. ind. Great tenderness and distressing spasms of diaphragm, and in right iliac region. Applied to both, warm fomentations of fol. aconit. No evacuation. Gave,

R—Ol. Ricini, . . . ʒiss.  
 Ol. Tiglii, . . . gtt.ij.

Increased the brandy and cinchona mixture to ʒijj. Continued the cannab. ind. as before.

*P.M.*—Has vomited a large quantity of yellow, curdy matter, probably milk, which I had ordered him to take freely. Added a little calc. chl. to the dressing for the ulcer. Leg comfortable; spasms less frequent, but very violent, almost throwing him from the bed.

*June 5th.*—Retention of urine; had passed no water since the previous night. Pain above pubes. Applied a moist warm fomentation of hops over bladder. Prescribed,

R—Pulv. Opii, } aa gr.ijj.  
 “ G. Camph. }

Ft. pil. no. 3;

two to be given immediately, and one in an hour. No evacuation. Dispirited. Pulse more frequent and irritable. Mist. cinchon. was given every hour. Spasms a little less frequent. 10 P.M. had passed water with considerable difficulty. Gave,

R—Hyoscyam. pulv. } aa gr.ij.  
 Opii, }

Ft. pil. no. 2.

*June 6th, A.M.*—Has had a large soft evacuation. Spasms diminished in frequency and violence; more confined to legs. Less trismus. Has not bitten his tongue for two nights. Still considerable rigidity of muscles of mastication. Leg painful—probably owing to a change in the temperature. Increased the calc. chl. in the water dressing. Ulcer dark and foul in spots. Pulse 100; urination much easier; slept well.

10 *P.M.*—Pulse 84, full and round; leg comfortable; spasms less frequent, most severe in abductors of thighs, jerking the legs wide apart—very slight in upper extremities or trunk. Bowels quite loose; four evacuations during the day, unattended with pain; micturition easy.

*June 9th, P.M.*—Since last record the treatment has been as before. Yesterday, diminished the dose of cannab. ind. to gr. ij. every two hours. Ulcer generally clear, suppurating, and granulating. Spasms now felt only at knees. They appear to be principally in the vastus internus and sartorius—feeling, as he says, as if they were dragging his knees together. They do not occur now more frequently than every ten minutes. Can protrude the tongue, if done carefully, without inducing them. Ate a little softened bread, to-day, with some comfort. Bowels free, owing probably to the cinchona. Pulse 83, full and soft. Countenance still anxious.

*June 10th.*—Has slept well; spasms slight, not oftener than once in fifteen minutes, induced by a sudden noise. Pulse 80. Alternated the cannab. ind. with opii et camph. aa, gr. ij. to be given every two hours.

*June 15th.*—Improvement still continued. Altered treatment as follows:—

R—Cannab. ind. ext.	gr. xxx.
Sulph. fer. exsic.	gr. ix. M.
Div. in pill no. 30.	

Ol. Jec. Asel. A table-spoonful three times a day.

Since that time his improvement has been steady. He is now able to masticate his food without trouble. For a slight twitching in the sole of the foot, I, to-day, applied a fomentation of fol. aconiti, which afforded almost immediate relief. The ulcer is still, however, in an unhealthy state, and he is liable to a relapse into his tetanic state. But I think, that as far as that attack of the disease goes, he may be considered cured.

In answer to an inquiry, Dr. Lee remarked, that no diuretic effects were observed resulting from the use of the cannabis indica.

Dr. Carnochan spoke of several cases of tetanus, which had

passed under his observation, in one of which the inefficiency of chloroform, as a remedial agent, was fully demonstrated. At least half a pound of the article was used with no other effect than to allay the spasmodic action for a time. As soon as its use was discontinued, the paroxysms appeared with equal if not renewed intensity, until at last the patient died. Recovery from true tetanus was a rare occurrence. He had seen some cases simulating tetanus, wherein medicine was effectual. In one, wine and the carbonate of iron produced a cessation of the spasms. Sometimes a removal of the cause is productive of the happiest effects. Being called to see a child, who, in running about barefoot, had pierced the sole of his foot with boxwood stubble, he found the patient suffering extremely with trismus, which had continued for five or six days. Suspecting the presence of a portion of the stubble in the bottom of the wound, he cut down upon and removed a small piece, which had been the exciting and continuing cause of all the disturbance. The child immediately began to convalesce. As regarded the case related by Dr. Lee, he remarked that he had never known a case of traumatic tetanus to occur after the twenty-first day from the reception of the injury; and, if tetanus is liable to be produced by an ulcer, the case was certainly interesting.

Dr. Carnochan then exhibited two large and several small pieces of the frontal bone, together covering a surface of six and a half square inches, removed from a man who had suffered a comminuted fracture by a falling bar of iron. The fracture involved a portion of the orbit, and infringed upon the parietal bone of the right side, wounding the branches of the middle meningeal artery. The injury occurred eight days before. At first, the man was stunned by the blow, but, after forty-eight hours, he had been sensible and able to answer intelligibly. At the time of the operation for the removal of the bone, the man was inclined to sleep. The pupils of the eyes were not dilated. There was no febrile excitement, and not much sign of compression. His pulse was 45. With slight effort the pieces of bone were removed with polypus forceps, no trephining being necessary. A coagulum of blood was found extending under the sound bone, farther than could be reached. All was removed, however, that was possible, and the parts gently washed by means of a sponge. No pus had formed, although eight days had elapsed since the injury. Immediately after the removal of the bone, the pulse arose to 80. The prognosis was doubtful.

Dr. Bouton presented the stomach of a woman, who, tired of a life spent in drunkenness and prostitution, had taken arsenic,

which was followed by death. The organ was presented, however, more to exhibit an abnormal condition or formation at its cardiac end, showing an irregular cyst, puffed up with air, appearing as if the inner coats of the stomach had suffered solution of continuity at some time, and the remaining tissues had become dilated into a pouch, capable of holding about two drachms. After examining the organ, Dr. Cox remarked, that the appearances internally would indicate that an ulcer had existed at that point; and he was of the opinion that such was the cause of the condition.

Dr. Cox presented, for Dr. Leigh, of the Nursery Hospital, a heart removed from a girl, aged 12 years, weighing eleven ounces, about twice the size of the organ in a healthy condition. Last winter, as was reported at the time of her entrance into the Hospital, she was affected with pains in her limbs and joints, which were considered by the physician in attendance as "growing pains." The joints were also swelled, and she probably had endocarditis, associated with rheumatism. She was admitted into the hospital on the 18th of June, suffering dyspnoea. Her pulse was rapid, and the action of the heart was violent. The sounds were blended and gave a bellows murmur. The patient was anæmic and emaciated. The face became œdematous and the feet swelled. Digitalis was temporarily beneficial in controlling the action of the heart. Gastritis became developed and diarrhoea supervened, which was uncontrollable, on account of the irritability of the stomach. Enemata and suppositories were used without effect. The evacuations, which were at first of a dark color, became mucus and blood. Violent pain existed in the gastric region. About two days before death, the heart's action became more natural. No delirium occurred at any period of the disease.

*Post Mortem.*—Examination, post mortem, found the lungs slightly congested; the stomach inflamed; the spleen enlarged to three times its natural size; the liver also hypertrophied, and some effusion into the cavity of the peritoneum. The heart (which is spoken of lastly, it being before the Society,) was found very much diseased. Its size, as mentioned before, was nearly doubled, the left ventricle dilated, and the auricle of the same side showed evident signs of inflammation. The mitral valves, also, presented some evidences of inflammation having existed.

Dr. Cox also presented a portion of the ilium and colon of a child, one year and two months old, who but a few days before was apparently well. The bowels were regular, appetite good, and no evidence of disease existed. It had been weaned four

months. The first symptom was a slight diarrhœa. The gums were scarified, as they were red, swollen, and tender. The number of stools did not exceed three in the twenty-four hours, which were thin and bilious in their character. After the first day, the stools were more thin than at first, with less fecal matter. Until within eight hours of its death, there were no symptoms of sinking or prostration, the pulse was rapid, and the child's face, the afternoon before its death, wore an expression of suffering without any other evidence. There was no distension of the abdomen, and the child, throughout, rested quietly. A prescription, containing camphor-mixture, with two drachms of chalk-mixture to the ounce, had been prepared for it, a spoonful of which, once in six hours, had been given. It did not nurse as well, or as much as usual, the last two days.

There had been no vomiting until six hours before death, when it commenced to vomit, and cry as if suffering severe pain; the feet were drawn up, accompanied by two or three green evacuations, with spasmodic twitchings of the muscles of both extremities. Warm fomentations were applied to the abdomen, and a quarter of a drop of Magendie's solution of morphia was administered; after which it rested quietly for two hours, sleeping at intervals. After this, the same symptoms returned; the mixture was repeated, but did not produce sleep. The little patient continued to sink, and died in a few hours. The specimen presents the glands of Peyer enlarged and inflamed; the solitary glands are slightly ulcerated, and the whole of the colon is very much inflamed. The Doctor remarked, that he did not remember having seen an instance where so much disease had existed, in a child, with so few symptoms.

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*Sulphate of Cinchona equal to Sulphate of Quinia, in the Treatment of Intermittents.* By L. FAULKNER, M.D. Halifax County, Va.

Old-fogyism is surely often met with in the medical profession, especially, I am inclined to suspect, in Virginia. What else prevents the substitution of Sulphate of Cinchona for sulphate of quinia, but the old habit of going to mill with a bushel of corn in one end of the bag and a stone in the other? That new remedies should be used with caution, all will admit; but when a substitute is recommended to us by so many considerations, it is the imperative duty of practitioners to try it, and introduce it into practice, if proved worthy; and its price being only one-half that of a costly and frequently-used medicine, will justify its substitution in many cases, even if found of inferior though similar properties.



The use, in practice, of an active principle of Peruvian bark, heretofore thrown away, and which is obtained in large quantities from a class of barks entirely rejected for want of a good percentage of quinia, not only affords a cheaper substitute in itself, but must evidently diminish the price of quinia, by curtailing the demand. It is far from being a question of dollars and cents merely to the physician or even to the people. It is a question of life or death to many. In such an epidemic as prevailed in this county from 1843 to 1848—at its acme in 1846—when it overspread the whole community, leaving out scarcely a family, or a member of a family—the sulphate of cinchona, whilst saving, doubtless, *thousands* of dollars to the county, would, I have every reason to believe, have prevented many shattered constitutions, and perhaps some deaths, which, however, were rare. Every physician engaged in practice knows, that not only the poor suffer for the want of quinine, or are thrown upon his charity, but many, who are independent livers, in times of great sickness from intermittents, use quinine with stint and of inferior quality.

Sulphate of cinchona cannot now be regarded purely as an experimental medicine. Occasional successful experiments have been made with it ever since 1821; and Pereira says, whilst it fell into disuse principally upon the evidence of Chomel, "the subsequent observations of Dufour, Petroz, Potier, Bally, Nieuwenhuiss, Mariani, Bleynie, and others have proved that the di-sulphates of these alkalies (quinia and cinchona) may be substituted for each other. Nay, Bally gives the preference to the di-sulphate of cinchona, on the ground that it is less irritating than the di-sulphate of quinia." Prof. Wood says, "there is little doubt, however, that cinchona possesses febrifuge properties little, if at all, inferior to those of quinia." Dr. Pepper, in the *American Journal*, January, 1853, reports 17 cases of intermittents satisfactorily treated with it in the Pennsylvania Hospital. Dr. R. P. Thomas, in the College of Physicians of Philadelphia, as may be seen in same journal, January, 1856, after referring to the experiments of Drs. Pepper and Gerhard, and quoting from *Ranking's Abstract*, for June, 1855, that M. Hudelet, physician to the hospital at Bourg, since March, 1853, out of 507 cases of intermittents of all kinds, had cured all except 9 with this remedy, states that, at his instance, in the Western Clinical Infirmary, all except 1 in 10 cases of remittent, and 109 of intermittent had been cured with it; and in the Philadelphia Dispensary, 102 walking cases of intermittent have been treated with it, and the results carefully observed by Dr. George Martin, who has prepared

tables exhibiting the results, comparing very favorably at least with those of quinine. And, in the *Cincinnati Medical Observer*, January, 1856, as quoted in the *American Journal*, April, 1856, Dr. J. C. Wells reports 53 out of 57 cases of intermittent cured with it at the City Dispensary.

To add my feeble testimony to this, which has been hurriedly referred to in a few minutes in a scanty library, I will simply give the result, without the notes in detail, of the treatment of seven cases of intermittent with sulphate of cinchona, omitting an eighth, which has not been heard from, and a ninth, which took one dose of two grains just at the period of accession of chill, and afterwards was put upon quinine. I used it in the same quantities that all of us do of quinia, generally giving our minimum doses, and was always particular in weighing it instead of guessing at the dose, lest I might be deceived by its smaller bulk, which, by the way, is one of its advantages. The specimen used was sent me, at my request, by Dr. James Cooke & Co. Fredericksburg, and manufactured by Powers & Weightman.

Of the seven cases, all were cured, and without the occurrence of another chill, after taking the sulphate of cinchona. Prescribed 10 to 15 grains in quotidian, and 15 to 24 in tertian for adults, made into pills with crumb of bread, sometimes sprinkled with pepper, except two. These two were in a poor family, where were eight cases near the same time, and one of them the mother of the other seven, who had no reliable nurse to give her the doses at proper times, and the other a pallid little boy, who had taken but half of his number of doses. As an evidence of his depraved health from the want of quinia or cinchona last fall, I would state, that he was as white as a sheet before having a chill; and, on my second visit, they showed me a hydrocele which had come on in a few days, and which I was informed also made its appearance last fall, and disappeared after the arrest of chills: it is, likewise, now gradually subsiding, though I put him upon carb. fer. precip. and cream tartar. These cases, except one treated in May, were treated since 18th July, in a very poor family, living on the edge of a marshy flat from 100 to 200 yards wide, on Terrible Creek, covered with vegetation waist-high, and inundated by one hard shower of rain knee-deep over its whole area. I saw this family 3d November last year, having been prostrated the whole of the fall (the mother stating that she had been confined to her bed five or six weeks) *starving* for quinine, which promptly arrested their chills. Bad diet and daily exposure to the miasm, and neglect of precautionary remedies, have caused recurrence of one or two chills in this family.

P.S.—The eighth case, a negro woman, has been reported to me by her master. She took eight grains sulphate of cinchona in a tertian, neglecting to take six more during the eighteen hours immediately preceding the period for chill, with the effect of postponing the chill three or four days. The remaining six grains, divided into three doses, were then taken, and she has had no return of chill since—a week or more.

Three of the cases in the family alluded to, have had relapses. One of these, however, was the case treated with sulphate of quinia. On the 27th ult. I sent them a box of pills, composed of 1 grain chinoidine, 1 drop ol. piper. nig. ordering eight or ten to be taken by adults in the intermission, to arrest the chills, and then one or two a-day to prevent relapse.

Sept. 6th.—The chinoidine had stopped the chills in all three cases at the first trial, just as promptly as sulphate of quinia or cinchona. The cost of chinoidine is only one-half that of sulphate of cinchona, and one-fourth that of sulphate of quinia. The saving from the use of these cheaper substitutes for one of the *necessaries* of life, in some localities, and in some periods, the source of which is rapidly-being exhausted, may be inferred from the fact, that a single mercantile establishment on Staunton River, as I am informed by a physician in its vicinity, has sold within the last twelve months (and I rather think he said during this year) one hundred ounces of sulphate of quinine, generally in half drachm and drachm vials, at fifty cents and a dollar per vial. And I have seen it sold at this rate in former years, mixed often with sulphate of magnesia at that, to make the people think they were getting a large quantity; and this was done (according to the merchant's statement) by the Philadelphia druggist, who "misunderstood his directions, to 'put it up in a showy style,' to mean a large bulk, instead of handsome vials." Whether it had the right weight of quinine, as he said, I never knew, for I refused to allow its use in any of my cases.  
—*Virginia Medical Journal*.

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*Crystalized Sub-Acetate of Lead, and Tincture of Digitalis in Hypertrophy of the Heart.* Reported by W. F. JONES, M.D. Petersburg, Va.

During the month of February, 1856, I was called to see Mrs. J. æt. 57. Has been, for the past five or six years, subject to frequent attacks of rheumatism—first showing itself in the hand and wrist, and afterwards becoming general. Found her, on my first visit, just recovering from a violent paroxysm of palpitation of the heart, accompanied by distressing dyspnoea;

the chest heaving with laborious breathing; pulse full and hard; countenance rather pallid; tongue slightly furred and pale; appetite good. I bled her to about sixteen ounces. The relief was prompt. Ordered digitalis combined with assafoetida. There was no return of the above symptoms for some three or four weeks.

Upon the next attack I again bled her, taking about six ounces, but without any apparent benefit. Upon placing the ear over the region of the heart, found its action forcible and labored; pulse full, strong, hard, and frequent, but regular; no intermission in its pulsations were at any time perceived. Ordered cups to the cardiac region, also between the shoulders, followed by the external use of Croton oil; bowels to be kept in a soluble state by the use of mild laxatives.

From this period a variety of prescriptions were used, including some of the preparations of iron, but without any permanently good results. Indeed, my patient was getting worse.

*May 7th.*—Up to this period Mrs. J. has suffered from more frequent attacks of palpitation, dyspnoea, &c. and her sufferings are very great. Having satisfied my mind as to the character of the disease, I had determined to try the effects of a combination of the sub-acetate of lead with digitalis, as recommended by J. L. Brachet. I accordingly ordered it to be taken in doses of one grain of the sub-acetate with ten drops of digitalis, three times a-day. It may be proper to remark here, that my patient can lie down with ease and comfort at any time when not under the influence of these paroxysms; but, upon making any considerable effort, an attack is brought on.

*May 8th.*—On my visit to-day, Mrs. J. informed me that she thought herself better; had passed a quiet night; attacks less frequent, and of shorter duration; she also complains of less distress during the paroxysm.

*May 9th.*—Rather more comfortable to-day; has had no return of paroxysm; appetite not good; did not rest well last night. Continued same treatment.

*May 10th.*—No return of paroxysm; pulse decidedly improved. I think she is now under the influence of the digitalis and acet. plumb. Made no change in my treatment.

*May 11th.*—Mrs. J. considers herself much better to-day; no return of her attacks. Treatment continued.

*May 12th.*—Decidedly improved in every particular; no indication of a tendency to return of former distressing symptoms.

My patient now proposed a visit to the country. I therefore directed her to pursue the same course; which was done, and with the benefit of keeping off her former attacks. She has

returned now, the 10th August, and does not complain of any of her former symptoms. She, however, looks somewhat debilitated at present, from a slight bilious attack while absent in the country, but every vestige of the cardiac affection is removed, and at this time attends to her domestic duties.

*Diagnosis.*—I suppose the above case to be one of well-developed hypertrophy of the heart, dependant, in the first instance, upon rheumatic neuralgia, translated to the cardiac region. The treatment, which seemed so efficacious and prompt in its results, was suggested to my mind by an article first published in the *New Orleans Medical News and Hospital Gazette*, under the head of "Observations on the Use of Crystallized Sub-Acetate of Lead in Hypertrophy of the Heart," by J. L. Brachet. Although my prescription differs somewhat from his, still it amounts to the same thing, and to him I willingly concede the credit due him.

*Modus Operandi.*—The digitalis is known to exert a *sedative* influence on the heart, diminishing the force and frequency of its action, while the acet. plumb. has a *sedative astringent* effect, thereby aiding the digitalis in its efforts to command the excessive action of the heart, while it contracts its fibres. This contraction produces pressure, which pressure arouses the absorbents, and the difficulty is removed. This, however, is but theory—facts are what we want.

The above case was certainly most promptly relieved by the continued agency of the above remedies. I report it for the benefit of my professional brethren. I take no credit to myself for any discovery. I have simply tested the recommendation of another, and give you the result.—*Virginia Medical Jour.*

#### *Diagnosis of Injuries of the Shoulder-Joint.*

In our last number we reported a case, which illustrated the difficulties to be encountered in forming a correct diagnosis in injuries of the shoulder-joint. In connection with this subject, we present to our readers, the confession of a distinguished French surgeon, M. Lenoir. It was elicited by the discussion which took place on the 13th of October, 1852, at a meeting of the *Societe de Chirurgie*. We translate his remarks, as published in the *Bulletin de la Societe de Chirurgie*, tom. iii, p. 180.

REMARKS OF M. LENOIR.—You are aware that we have two kinds of fracture in this region. One, and that the most common through the surgical neck; the other, but rarely observed, through the anatomical neck. Now I admit nearly all that has been said about the facility of detecting a fracture through the

surgical neck, and the value of the proceeding adopted by M. Richet, for reducing the dislocated head of the bone. In this accident the upper fragments are a certain volume, and something tangible to aid us in our exploration and reduction. But I deny that a fracture through the anatomical neck may be so readily detected. I deny that, in such a case, the head of the upper fragment can be grasped with facility, beneath the soft parts which envelop the shoulder, and I assert the impossibility of returning, by lateral pressure, the luxated bone into the glenoid cavity. I base my assertion upon two cases, which I find recorded in the annals of science, and upon one which came under my own observation. The first of these occurred in the practice of my old master (Houselot *pere*,) and formed the basis of the excellent memoirs published by Delpech, in his *Chirurgie Clinique de Montpellier*. The specimen should now be in the Museum of the *Val-de-Grace*, where it was deposited by Houselot. The patient was a hemiplegic old man, who fell out of bed, and died from the effects of the injury at the end of twelve days. The head of the bone was thrown backwards into the infra spinous space. In this case the existence of the fracture could not be detected during life. The second case is reported by Sir Astley Cooper, in his excellent Treatise on Fractures and Dislocations. The fracture was intra capsular, and the head of the bone was thrown in front of the scapula, to which it had contracted, as shown by the autopsy, osseous adhesions. The patient died several days after the accident. At the time, she was treated by Mr. Lucus one of the surgeons of Guy's Hospital, who failed to detect the fracture. The third case occurred in my own practice. A woman æt. 88, by a fall on her shoulder, fractured the anatomical neck of the humerus. She died some five or six months after the accident, and at the autopsy, I found that the head of the bone had been thrown from the glenoid cavity, through a large rent in the capsular ligament, and that it rested, by its uneven surface, on the brachial plexus, its smooth and cartilaginous surface presented anteriorly, so that it had been thrown in a direction from above downwards.

Here, then, we have three cases of fracture of the anatomical neck of the humerus, complicated with a luxation which had been overlooked. Could this have been the result of inattention, or want of skill, on the part of the observers? Or, was it not owing to the fact, that, if not impossible, it is exceedingly difficult a diagnosis in these cases? A single glance at the symptoms by which such accidents may be characterized, will aid us in determining this point. In the first place they are produced



only by extreme violence applied almost exclusively; to the stump of the shoulder; such violence always gives rise to a considerable extravasation of blood, tumefaction, and stiffness of the contused muscles; all of which circumstances are unfavorable to a thorough examination of a deeply seated fracture. Again, the deformity by which this accident is attended, is scarcely perceptible. Indeed, when the head of the humerus is separated from the tubercles, the upper fragment still presents a certain volume, and if it remain in the glenoid cavity, the stump of the shoulder will be but little depressed. I ask, then, is it possible for the most attentive surgeon to detect this slight depression, while the soft parts are still swollen? Crepitus, a pathognomonic symptom of fracture, is here absent or it may be indistinct, when the uneven surface of the lower fragment is brought in contact with the smooth, polished surface of the glenoid cavity. But the sensation thus produced is calculated rather to lead the surgeon to suppose, that, instead of a fracture, he has only a contusion to treat. Beside the symptoms already enumerated, we have the presence of the head of the bone in the vicinity of the glenoid cavity; if detected of course it will be the most positive test of the fracture and the luxation; but the tumefaction remaining for days after the accident will interfere with our examination, and, as the head of the bone is but a small size, may it not be so situated as to render it impossible for the most experienced surgeon to discover it? For these reasons, I maintain, that, in these cases, errors in diagnosis must often be committed.—*Western Lancet.*

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*Extract from a notice of Recent Researches on the Origin of Entozoa, more especially of Tape Worms. By ALLEN THOMPSON, M.D., F.R.S., London and Edinburgh, and Professor of Anatomy in the University of Glasgow.*

There can be no doubt, whatever, that the occurrence of tape-worm in the human subject, as in animals, is dependent on the introduction into the alimentary canal of the Scolex-larva, accidentally or along with food. The most frequent though not the only, source of these Scolices in this country and a part of the continent of Europe, is probably the *Cysticercus cellulose* of measy pork, when this is used in a partially cooked or raw state. This accords with general belief, and with what has been ascertained in a number of instances of persons affected with tape-worm, viz.: that they had been in the habit of eating raw or imperfectly-cooked meat. In Abyssini, where this habit prevails to a great extent, the inhabitants are well known to be

remarkably subject to tape-worm ; indeed, in that country the affection is looked upon as entirely a natural one

The difference in the prevalence of *Tænia solium* in this country and in western Europe, and of the *Bothriocephalus latus* in the eastern division of the Continent, is well known ; but I am not aware whether any observations have yet been made upon the most probable source of the latter entozoon. In Russia, however, where the *Bothriocephalus* is the usual tape-worm, it has been found that the long continued use of an exclusive animal diet, such as has been recommended for the cure of some diseases, has been followed by the occurrence of *Tænia solium*. In Switzerland, also, in the eastern parts of which the *Bothriocephalus* prevails, it has been observed that the hogs are rarely, if ever effected with *Cysticercus* ; but occasionally pork is introduced from France strongly tainted with this affection, and this may account for the occasional occurrence of the *Tænia solium*, especially in Western Switzerland.\*

These circumstances seem to point out very clearly the means to be adopted for the prevention of this troublesome complaint. At the same time, it is probable that there may be some accidental means by which these larvæ of the tape-worm may be introduced ; and it will be easily understood how this may more particularly happen in the cases of butchers, cooks, or others in the habit of handling affected meat.

The instances in which the human body is affected with the *Cysticercus*, or other cystic entozoa, though not very rare, are by no means so frequent as the tape-worm ; but they are much more serious in their effects, more obscure in their origin, and in the meantime more difficult to prevent. Scarcely any attention has yet been given to the source from which the various cystic entozoa infesting the human body may have derived their origin ; but the observations already referred to make it extremely probable that the explanation of their introduction is to be sought for in the same causes which have been shown to operate in the lower animals. Thus it appears to have been demonstrated that the *Cœnurus* of the sheep proceeds from the ova or first embryos of *Tænia*, and it is most probable that these are obtained from the dog. The only mode, therefore, of

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\* See the notice of a case, in which it appeared that the abstinence from the practice of eating raw meat during some time, effected a cure of inveterate tape-worm, with which a person had been long affected, in the June number of the *Edin. Monthly Jour. of Med.* for the present year. A gentleman of my acquaintance, who has long been affected with a very large and inveterate tape-worm, informs me, that formerly he was in the habit of eating animal food imperfectly cooked.

removing this affection from a flock in which it may have become prevalent, and in which it is well known sometimes to cause very great losses, must be the careful separation of the dog from the sheep for a certain time: for such time, indeed, as that the dog shall find no more *Cænuri* in the offal, &c. of the sheep, in eating which it receives the larvæ of its *Tænia*, and the dog being free from this *Tænia*, shall not furnish the ova or embryos, which being taken accidentally with the pasturage or water by the sheep, establish themselves in them as encysted *Cænuri*. Von Siebold states the important fact, that those flocks which are entirely without dogs, and are stall-fed, are never affected with the sturdy.

A remarkable example of the presence of cystic entozoa in the human subject, is mentioned by Von Siebold as having recently been described by Dr. Schleisner, in his "Medical Topography of Iceland," published 1851. It appears that the people of that country have been for some time suffering, to a great extent, under a very remarkable hydated disease. The *Hydatids* affect the liver, peritoneum, and sub-cutaneous texture. Eschricht writes to Von Siebold, that this disease has extended itself to such an alarming degree, about a sixth of the whole population being affected with it, that it is attracting considerable attention at Copenhagen. It produces long-protracted illness, and terminates in a painful death; and means of cure have not yet been discovered. Von Siebold considers it as extremely probable that this disease, consisting in the development of a cystic entozoon, depends on the introduction of the ova of a *Tænia* into the body; and that this arises from the immense quantity of dogs kept in Iceland for the purpose of herding sheep and cattle. Should the further elucidation of this fact lead to the adoption of successful measures for the prevention of the disease, it will be a satisfactory instance of the assistance which may be furnished to rational pathology and the practice of medicine, from physiological researches, which might at first sight have appeared to some to be very remote from such an application.

Before concluding, I would call the attention of medical practitioners, more directly than heretofore, to the investigation of the habits and circumstances of patients who may be under their care for various verminous affections. There is another department of the subject upon which I have been unable to touch, which is also greatly deserving of increased attention; I mean the collection of observations by those who may be favorably situated, as to the nature of the entozoa which affects different races and nations of mankind, together with the

circumstances and modes of life which may seem to have an influence in determining the nature of the entozoa in different countries. As a single example of what may be expected from well-conducted observations of this kind, I may here mention, that, at Von Siebold's suggestion, Dr. Bilharz, being in charge of making dissections of the dead bodies in the hospital of Cairo, has already, within the short space of two years, discovered five entozoa with which the Egyptian and other native Africans are affected, and some of them very frequently and to a great extent, which are different from those which have long been known as the common entozoa of the European races.—*Glasgow Medical Journal*—*New Hampshire Journal of Medicine*.

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## BOOK NOTICES.

*Bennet on Uterine Pathology. Gardner on Sterility.*

We are indebted to Blanchard & Lea, of Philadelphia, for the first of the above works; and to Dewitt & Davenport, of New York, for the second.

The little work of Dr. Bennet is devoted mainly to those questions in regard to which there is a diversity of opinion among uterine pathologists, and designed especially to maintain his own doctrines, as enunciated in his previously published work. Those interested in these *questions vexatæ*, will read these seventy-five pages of Dr. Bennet with pleasure.

The first chapter of Dr. Gardner's work is devoted to the Physiology of Generation; the second to the Pathology of Sterility, and the third to the Therapeutics of Sterility.

Among the causes of sterility, the author enumerates failure from any cause of the semen to enter the vagina or uterus. The destruction of its vitality by acrid, vitiated syphilitic, blenorrhagic or cancerous discharges, or its removal by immense leucorrhœal exhalations.

The author also attributes sterility, in a large number of cases, to disease of the os cervix, or cavity of the uterus, and, finally, to disease of the fallopian tubes or ovaries.

We have not time to follow our author in his examination of these questions; some of them have been the subjects of much controversy among pathologists.

The chapter on the Therapeutics of Sterility, contains nothing essentially novel or new, and we will not weary our readers by a repetition of what they will find in most of our standard works.

Both of the above works are for sale by Keen & Lee.

J.

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*Medical Jurisprudence.* By ALFRED S. TAYLOR, M.D. F.R.S. &c. Fourth American, from the Fifth and Improved London Edition, Edited, with Additions, by EDWARD HARTSHORNE, M.D. &c. Philadelphia, Blanchard & Lea, 1856.

This is one of those works which has found its way into the office of almost every physician in the country. It is only necessary to say, that this new edition possesses all the intrinsic value of former ones, together with much valuable matter with which the author has enriched the last London edition. It is for sale by Keen & Lee, Chicago.

J.

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*The Dissector's Manual of Practical and Surgical Anatomy.* By ERASMUS WILSON, F.R.S. &c. The Third American, from the Last Revised London Edition, Illustrated with One Hundred and Fifty-Four Wood Engravings; Edited by WM. HUNT, M.D. Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia, Blanchard & Lea.

This is an excellent work of the kind; one of the best that can be placed in the hands of students. Its numerous and accurate engravings add much to its value. It is already well known to the profession.

For sale by Keen & Lee, Chicago.

J.

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*A Treatise on the Practice of Surgery.* By HENRY H. SMITH, M.D. Professor of the Principles and Practice of Surgery in the University of Pennsylvania; Consulting Surgeon to St. Joseph's Hospital, Philadelphia; Author of a Treatise on Operative Surgery, &c. Illustrated by Two Hundred and Seventy-Four Engravings on Wood. Philadelphia, J. B. Lippencott & Co. 1856.

This is the title to a well-executed volume of eight hundred and twenty-eight pages, recently issued from the press. It was evidently designed by the author to constitute a text-book for

the student and a work of reference for the ordinary practitioner. In the preface, the author says:—"Although the title of Practice of Surgery has been taken, the work will be found to contain as full an exposition of the principles of the science as was consistent with its character as a text-book." And, again:—"In the composition of the present Treatise, it has been the author's wish to present each subject as fully as was essential to its comprehension by the youngest of his pupils, without entering into such details of the history, pathology, &c. of each, as properly belong to monographs."

The work is divided into six parts, as follows, viz. :—

*Part I. Surgical Pathology and Therapeutics.*—This embraces three chapters, viz. :—One, on "Surgical Semeiology;" another, on "Diagnosis from an Examination of the External Organs;" and another, on "The Use of the Senses in Forming a Diagnosis."

*Part II. Surgical Pathology of the Soft Tissues.*—This embraces eleven chapters, on the following subjects:—General Characters of Inflammation; Etiology and Treatment of Inflammation; The Effects or Products of Inflammation; Abscesses; Hectic Fever and Pyemia; Ulceration and Ulcers; Mortification; The Specific Forms of Inflammation; Burns; Effects of Cold; and Erysipelas.

*Part III. Pathology of Abnormal Growths in the Soft Tissues.*—This includes only two chapters; one, on Malignant; and the other, on Non-Malignant Growths.

*Part IV. Of Injuries of the Soft Tissues.*—In this Part are included chapters on General Characters of Wounds; on Special Wounds; on Gunshot Wounds; on Tetanus; and on Wounds of the Regions of the Body.

*Part V. Injuries and Diseases of the Bones.*—Under this head are six chapters, viz. :—Of Fractures in General; Fractures of the Head and Face; Fractures of the Neck and Trunk; Fractures of the Upper Extremity; Fractures of the Lower Extremity; Diseases of the Continuity of the Bones.

*Part VI. Injuries and Diseases of the Joints.*—This embraces two chapters, one, on Luxations; and the other, on Luxations of the Bones of the Head and Trunk.



From the foregoing, our readers will readily comprehend the general arrangement and contents of the work. Most of the subjects are considered briefly, perhaps too much so to be satisfactory to the practitioner who wishes for an efficient guide in the treatment of his patients: yet, as a whole, the author has given us a very fair compilation or summary of the doctrines and modes of practice adopted by surgeons of the present day. We use the qualifying term, *as a whole*, because there are some parts that seem to us rather behind the times, and others that scarcely do justice to his contemporaries. For instance, in the section on the "Etiology of Inflammation," the author says:—"The *causes* of inflammation may be classified as exciting, predisposing, and *proximate*." Under this latter head, he proceeds seriously to describe those pathological changes in the blood and tissues which constitute the inflammation itself. In the days of Cullen, when inflammation was defined to be a group of symptoms consisting of heat, redness, pain, and swelling, there was some excuse for applying the term, "Proximate Cause," to the changes in the fluids and solids of the part which gave rise to those symptoms: but, for a systematic writer, in the last half of the nineteenth century, to be guilty of so manifest an absurdity as the application of the term *cause*, or "Proximate Causes," to the disease itself, is scarcely excusable.

Again, in his section on Morbus Coxarius, he fails, in our estimation, to do justice to the valuable paper of Dr. Alden March, of Albany, on the same subject.

In the section on Ununited Fractures, we find the following paragraph, viz.:—"Another method, is that of Dieffenbach, who drilled holes in the extremity of the bones, and inserting little pegs of ivory kept them there, until such an amount of inflammatory action was developed as resulted in union. Dr. Brainard, of Chicago, has also *proposed* to drill a number of holes in the end of the bone with an awl, with the same view. But, in order to make use of any of these modes of treatment, it becomes necessary that the patient should, for a long time, retain the recumbent position, whilst he is exposed to the risks of the creation of a compound fracture, in which suppuration may take place," &c.

This is all the allusion, made by the author, to the highly-interesting and valuable Prize Essay of Dr. Brainard on the subject of Ununited Fractures. The method of simple sub-cutaneous puncture and drilling, adopted by Dr. Brainard, is ranked directly with those methods which involve deep incisions and exposure of more or less of the ends of the bones, thereby leaving an erroneous impression upon the mind of the reader. Again, he speaks of Dr. Brainard as having merely "*proposed to drill*," &c. when he should have said, that Dr. B. *had drilled* or treated by this method numerous cases with entire success.

In the work before us is a section of four pages, on the "Bites of Serpents," in which the author alludes to the experiments performed, many years ago, by "Dr. Barton, formerly Professor of Materia Medica in the University of Pennsylvania, and of Capt. Hall." He also mentions the treatment recommended by Sir David Barry, but makes no allusion whatever to the recent numerous and interesting experiments made by Dr. Brainard, in relation to the efficacy of Iodine as an antidote for the poison of serpents. Such omissions not only do injustice to others, but they greatly lessen the value of the work, even as a text-book, in the hands of students.

There are other things in this work of Dr. Smith open to criticism, did our time and space permit; but we will only add, that the publishers have done their part of the work in good style. The paper and type are fair, the binding substantial, and the cuts or wood engravings numerous and highly-useful. It may be had, we presume, at either of the bookstores in this city where medical books are kept.

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## EDITORIAL.

### *A Parting Word.*

With the present number, the connection of the undersigned with the *North-Western Medical and Surgical Journal* ceases. With many of our readers we have formed a personal acquaintance which has been to us a source of real pleasure; the names

of others, whom we have never seen, have become as familiar as household words. In retiring from the editorial chair and bidding our patrons adieu, we have no apologies to make—we have done what we could, and are content to leave it to our readers to say how well and how faithfully. We confess that our enthusiasm, as a medical journalist, has somewhat abated during the last five years. The sacrifice of time and money is too great: the remuneration too small. A majority of the profession are too poor to pay for what they read, and as the years pass by and their indebtedness increases they become still poorer. We would not insinuate that physicians are dishonest in this matter; but the easiest way to pay the printer is to return a number marked "*refused.*"

We said that our enthusiasm had somewhat abated, and yet we can assure our readers that the *Journal* never had a larger or better paying subscription than it has now, and its prospects for permanence and usefulness were never better than they are to-day. In the hands of Professor Davis, as sole editor and proprietor, we are confident that it will continue to be an efficient instrument for the advancement of the science of medicine, and for elevating the standard of professional education; and we bespeak for him not only the *paying* patronage of all of the present subscribers to the *Journal*, but the assistance and substantial support of the great body of physicians of the North-West.

H. A. JOHNSON.

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*Prize Essay.*

At the last annual meeting of the "Illinois" State Medical Society, the sum of *Fifty Dollars* was provided and offered as a premium for the best Essay on some Medical subject; and we hope it will not be forgotten by the profession.

All essays, intended as competitors for this premium, should be transmitted to Prof. J. V. Z. Blaney, Chairman of the Committee appointed to examine the same, on or before the *first* day of May, 1857.

Each essay should have a motto and be accompanied by a sealed note with the same motto on the outside, and within the name of the author.

*Ununited Fractures.*

In the October number of this *Journal*, under the head of "Selections," we copied from some one of our exchanges the report of a discussion which took place in the New York Academy of Medicine on this subject. We did so chiefly for the purpose of adding some editorial comments, but in the multitude of business this was subsequently forgotten.

If the reader will turn to the October number, he will find Dr. Detmold, of New York, using the following language, viz.: "Five years ago Dr. D. had tried *boring* with a *common gimlet*, and was successful in all cases. A committee from the Academy had seen one of these operations. *This method was afterwards claimed by a Western Surgeon (Dr. Brainard).*"

This paragraph is not only erroneous, but doubly unjust. Dr. Brainard has never "claimed" any such operation as is described by Dr. Detmold. On the contrary, we find in the Introduction to his Prize Essay, published in the transactions of the American Medical Association, for 1854, the following explicit declaration, viz.:—"Others have proposed to make an incision, and attack the extremities (of the bone) *with a common gimlet*; an operation which has the double inconvenience—that it is liable to expose to suppuration, and that the *gimlet is incapable of perforating the compact structure of bone*, as any one can readily prove for himself by experiment."

Thus, instead of *claiming* the operation of Dr. Detmold as his own, Dr. Brainard distinctly states it as having been proposed by "*others*," and adds his objections to its practical application; and, hence, we were not a little surprised to see such a claim set up in the Academy of Medicine and reported for publication in the medical periodicals of the country without correction by any of the learned Fellows of that Society. To confound the attempts to perforate the ends of ununited bones with a "*common gimlet*," accompanied as it must be by free incisions through the soft parts—with the simple *sub-cutaneous perforation* with the neat instrument invented for that purpose, as proposed and practiced with the most gratifying success by Dr. Brainard, is just as absurd as to confound the free incisions of a common scalpel with the sub-cutaneous section of a tendon by a tenotomy-knife.

From this discussion in the New York Academy of Medicine, and from the allusion to the same subject in the recent volume of Dr. Smith on the Practice of Surgery, we think it would be useful to distribute a few copies of Dr. Brainard's Essay for the purpose of diffusing more accurate information.

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## MISCELLANEOUS ITEMS.

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### *Legal Responsibilities.*

Judge Minot, of Pennsylvania, has laid down the following rules of law, as applicable to physicians:—

1. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by practitioners generally.

2. He engages to exercise that skill with reasonable care and diligence.

3. He engages to exercise his best judgment, *but is not responsible for mistake of judgement.* Beyond this the defendant is not responsible. The patient himself is responsible for all else; if he desires the highest degree of skill and care, he must secure it himself.

4. It is a rule of law, that a medical practitioner never insures the result. These are received in general as sound views, and such will govern every enlightened court. There could scarcely be a greater absurdity than to require physicians and surgeons to insure the result, when they can in no case control all parts of the treatment. Few serious cases are carried through a single day, and many not a single hour, without a violation of instructions on the part of nurses and attendants. —*Cincinnati Medical Observer.*

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### *Extensive Injury During Pregnancy.*

In this city, last winter, a robust German female, about twenty-six years of age, and five months pregnant, fell into a well and descended fifty-one feet! She suffered an oblique fracture of the thigh, complete dislocation at the knee-joint, and a fracture both of the tibia and fibula just above the ankle! At no time, after the accident, did she manifest any signs of abortion, but went her full time, and was delivered, some time in June last, of a well-formed healthy child. It may not prove uninteresting to mention, that, during the pregnancy, the frac-

ture in the vicinity of the ankle-joint failed to unite. After delivery, the process of reparation commenced, although slowly, and she is now regaining the use of her limb.—*Dr. H. Tyler Smith's Obstetric Lectures in London Lancet.*

*Sun's Rays in Consumption.*

Dr. Coventry, in an Address before the New York State Medical Society, remarks:—"There is one subject which requires a more extended notice than it has usually received from our systematic writers. I refer to the influence of the sun's rays. Every physiologist knows how absolutely necessary they are to the growth of plants, and the etiolating effect their absence or withdrawal has upon the complexion. Is it unreasonable to suppose that they may have some influence in causing or preventing tuberculosis? It seems well established, that tubercles may be produced in animals by confining them in close and dark apartments, on a meagre diet. Doctor Hall says, that by this means he produced fatty degenerations in animals, which he considers analogous to, if not identical with, tuberculosis. In the city where I reside, there was an office, connected with a large mercantile establishment, so situated that the sun never shone upon it. It was in the rear of the building, with a single window, and that so surrounded by buildings as to exclude the sun. The occupants of the office died one after another, until the proprietors became alarmed, and had the office removed to another part of the building. One of the occupants I attended, when in the last stage of his disease. He entered the office a strong, healthy man, with no hereditary tendency to the disease, and temperate and regular in all his habits; but, in less than two years, he was carried, like his predecessors, to the grave, a victim to consumption. In his case I was never able to discover any cause, unless it was occupying that fatal office, where he was book-keeper."

*Death from Drinking Naphtha.*

The *London Lancet* records a case of death from drinking about three ounces of naphtha, used for burning in lamps. The patient was a lad twelve years of age. The symptoms were at first those of excitement, speedily followed by stertorous breathing and a state of collapse. Death took place in less than three hours. At the post mortem examination, the preservative action of the naphtha was very remarkable. The weather was very hot, and although three days had elapsed since death, all parts of the corpse were as fresh as if the lad had recently died. The blood was everywhere very fluid. The




lungs were not at all congested, and the coats of the stomach were found to be very little affected by the presence of the poison. The smell of naphtha pervaded the whole of the tissues, and was very perceptible immediately on opening the head.


*Benzoin in the Treatment of Chronic Dysentery.*

The compound tincture of Benzoin, in the dose of from fifteen to twenty minims, is strongly recommended by Mr. Wells, of Bristol, as a valuable remedy in chronic dysentery.—*London Lancet.*

*Professional Reputation.*

Dr. Baillie, of London, remarked that he had never known a physician, who, from any cause, acquired business rapidly in London, who permanently retained it. If it be rapidly acquired, this must be accomplished by means independent of those which give a firm hold on the confidence and affections of patients, for they cannot at once be displayed, nor can they at once have their full operation. Sir Astley Cooper's receipts from his first year's practice, were \$26; the second year, \$130; and so on, until on the ninth year it amounted to \$5,500. Afterwards, his receipts ran up in one year to the enormous amount of \$115,000. Dr. Hope, with a well-known London reputation, made \$1,000 the first two years.—*Prof. Barker's (N.Y. Med. College) Introductory Lecture.*

 Dr. George C. Blackman, Professor of Surgery in the Medical College of Ohio, has become associated with Dr. T. Wood, also a Professor in the same College, in the proprietorship and editorship of the *Western Lancet*.—*Boston Med. and Surg. Journal.*

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The most extraordinary over-dose of chloroform yet known, was wilfully swallowed by a patient recently in London. The man drank about four ounces at one draught! Wild intoxication, followed by profound insensibility, ensued; but, after various relapses and accidents, he is now quite well.—*London Lancet.*